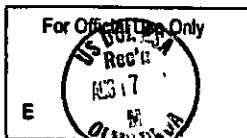


FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>8964</u>	2 Fiscal Year Covered From <u>1/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>LESLIE T WILEY</u> P O Box, Bldg, Room No, if any Street <u>1576 WESTFIELD AVE SW</u> City <u>NORTH CANTON</u> State <u>OHIO</u> ZIP Code + 4 <u>44709</u>	4 Name, file number, and address of labor organization Name <u>IBEW LU # 540</u> Labor Organization File Number <u>001-665</u> P O Box, Building and Room Number, if any Street <u>2333 NAVE St SE</u> City <u>MASSILLON</u> State <u>OHIO</u> ZIP Code + 4 <u>44646</u>
5 Position in labor organization <u>BUSINESS MANAGER / FINANCIAL SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <u>PAUL Elect. Cont. Assoc.</u> Trade Name, if any <u>NECA</u> P O Box, Bldg, Room No, if any Street <u>395 Wolf Ledges PARKWAY</u> City <u>AKRON</u> State <u>OHIO</u> ZIP Code + 4 <u>44311</u>	7.a Nature of Interest, Transaction, or Income <u>PLAYED IN ANNUAL GOLF OUTING</u> 7.b Amount <u>GOLF OUTING + MEAL</u> <u>VALUED AT APPROX.</u> <u>\$ 125.00</u>

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>L. J. Wiley</u>	On <u>3/12/05</u> Date <u>(330) 837-4239</u> Telephone Number

Name of Person Filing <u>LESLIE T. WILEY</u>	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>CANTON ELECTRICAL WELFARE FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No., if any _____</p> <p>Street <u>33 FITCH BOULEVARD</u></p> <p>City <u>AUSTINTOWN</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44515</u></p>	<p>9 Business deals with</p> <p style="margin-left: 20px;">a Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b Trust</p> <p style="margin-left: 20px;"><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>CANTON ELECTRICAL WELFARE FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No., if any _____</p> <p>Street <u>33 FITCH BOULEVARD</u></p> <p>City <u>AUSTINTOWN</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44515</u></p>	<p>11 a Nature of such dealing</p> <p style="font-size: 1.2em;"><u>APRFARE, HOTEL, AND DAILY EXPENSE REIMBURSEMENT</u></p> <p>11 b Approximate dollar value of such dealing _____</p> <p>12 a Nature of interest held or income received</p> <p style="font-size: 1.2em;"><u>1/3 of TRUSTEE EDUCATION SEMINAR EXPENSES</u></p> <p>12 b Amount <u>\$286.23</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <u>Fifth Third BANK</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No., if any _____</p> <p>Street <u>600 SUPERIOR AVE. E.</u></p> <p>City <u>CLEVELAND</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44114</u></p>	<p>14 a Nature of payment.</p> <p style="font-size: 1.2em;"><u>STATE BUILDING TRADES GOLF OUTING + MEAL</u></p>
<p>13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment.</p> <p style="font-size: 1.2em;"><u>VALUED AT APPROX. \$100.00</u></p>

Name of Person Filing <u>LESLIE T. WILEY</u>	File Number U-
--	----------------

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <u>IBEW LU 540 PENSION FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>33 Fitch Boulevard</u></p> <p>City <u>AUSTINTOWN</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44515</u></p>	<p><b>9</b> Business deals with</p> <p style="padding-left: 20px;">a Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b Trust</p> <p style="padding-left: 20px;">c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>IBEW LU 540 PENSION FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>33 Fitch Boulevard</u></p> <p>City <u>AUSTINTOWN</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44515</u></p>	<p><b>11 a</b> Nature of such dealing</p> <p style="font-size: 1.2em;"><u>AIRFARE, HOTEL AND DAILY EXPENSE REIMBURSEMENT</u></p>
	<p><b>11 b</b> Approximate dollar value of such dealing</p>
	<p><b>12 a</b> Nature of interest held or income received</p> <p style="font-size: 1.2em;"><u>1/3 of TRUSTEE EDUCATION SEMINAR EXPENSES</u></p>
	<p><b>12 b</b> Amount <u>\$286.23</u></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg., Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment.</p>
<p><b>13 b.</b> Is the Business an Employer or Consultant ?</p>	<p><b>14 b</b> Amount of payment.</p>

Name of Person Filing <u>LESLIE T. WILEY</u>	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>IBEW LU 540 ANNUITY FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box Bldg , Room No , if any _____</p> <p>Street <u>33 Fitch Boulevard</u></p> <p>City <u>AUSTINTOWN</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44515</u></p>	<p>9 Business deals with</p> <p style="padding-left: 20px;">a Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b Trust</p> <p style="padding-left: 20px;">c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>IBEW LU 540 ANNUITY FUND</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg , Room No , if any _____</p> <p>Street <u>33 Fitch Boulevard</u></p> <p>City <u>AUSTINTOWN</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44515</u></p>	<p>11 a Nature of such dealing</p> <p><u>AIRFARE, HOTEL AND DAILY EXPENSE REIMBURSEMENT</u></p> <p>11 b Approximate dollar value of such dealing _____</p> <p>12 a Nature of interest held or income received</p> <p><u>1/3 of TRUSTEE EDUCATION SEMINAR EXPENSES</u></p> <p>12 b Amount <u>286.23</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg , Room No , if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p> <p>_____</p>
<p>13 b Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14 b Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>LESLIE T. WILEY</u>	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>AULTCARE</u></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>2600 - 6th St. NW</u></p> <p>City <u>CANTON</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44706</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>CANTON ELECTRICAL WELFARE FUND</u></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>33 FITCH BOULEVARD</u></p> <p>City <u>AUSTINTOWN</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>44515</u></p>	<p>11 a Nature of such dealing</p> <p><u>GOLF OUTING &amp; MEAL</u></p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12 a Nature of interest held or income received</p> <p><u>PLAYED IN ANNUAL GOLF OUTING</u></p>
	<p>12 b Amount <u>APPROX. \$174.95</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment.</p>

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- <u>8965</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Robert L Willis</u> P O Box, Bldg, Room No, if any _____ Street <u>2122 Erma Dr</u> City <u>East Meadow</u> State <u>NY</u> ZIP Code + 4 <u>11554</u>	4 Name, file number and address of labor organization Name <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS</u> Labor Organization File Number <u>035582</u> P O Box, Building and Room Number, if any <u>Suite 200</u> Street <u>99 RAILROAD STATION PLAZA</u> City <u>HICKSVILLE</u> State <u>New York</u> ZIP Code + 4 <u>11801</u>
5 Position in labor organization <u>COMMITTEEMAN</u> <u>TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income <u>Nothing to report</u> 7 b Amount _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed Robert L Willis

On 8-6-05 516-794-6798  
Date Telephone Number